

Name
in
Full

First Name
Last Name

Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near Roberts

Queen Anne's
County

MARYLAND

Date of death 1908 Month April Day 4

Years

Months

Days

Sex Female

Color or
Race

Black

Birth
place

D.A. G. Court

Occupation

Where Residing if not
at place of death

At place of death

Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Thomas H. Adams

Father's
Birthplace

D.A. G. Court

Mother's
Maiden Name

Marie Baynard

Mother's
Birthplace

Coolins Ind

Name of person giving
Information

Thomas H. Adams

How related
to deceased

Father

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Influenza and Bronchitis 5 weeks.

151

Immediate

Asthma

How long

5 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

D. G. Coppage
Church Hill

Ind

Accident or Suicide?

Church of the Cul Conwy

Name
in
Full

Infant of Jim Anderson Bertie Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Centreville</u>		Town <u>Centreville</u> County <u>Queen Anne</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>4</u>	Day <u>11</u>	Age <u> </u>	Years <u> </u>	Months <u> </u>	Days <u>5</u>
Sex <u>Male</u>	Color or Race <u>Black American</u>	Birth-place <u>Centreville</u>				
Occupation <u> </u>	Where Residing if not at place of death <u> </u>					
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>					
Father's Name <u>Jim Anderson</u>	Father's Birthplace <u>Q.A. Co.</u>					
Mother's Maiden Name <u>Bertie Della Adams</u>	Mother's Birthplace <u>Q.A. Co.</u>					
Name of person giving information <u>Sarah Elizabeth Washington</u>	How related to deceased <u>Aunt</u>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Congenital Weakness

How long

3 days

Immediate

Exhaustion.

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. F. Smith

Address

Centreville Md.

Accident or Suicide?

No.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	Apr	21	Age 74	3	2		
Sex	Male	Color or Race	White	Birth-place	Queen Anne Co		
Occupation	Farmer		Where Residing if not at place of death	At home			
Married, Single or Widowed	Married	Name of Wife or Husband	May Jane Boone				
Father's Name	Could not find out		Father's Birthplace	Don't know			
Mother's Maiden Name	"	"	Mother's Birthplace	"			
Name of person giving information	Mary. Boone		How related to deceased	Wife			
CAUSES OF DEATH				79			

**PHYSICIAN
OR CORONER**

Primary

Endocarditis

CAUSES OF DEATH

79

! How lo

How long
At least 6 weeks.

Immediate

"accompanied with ascites, How long if any

Signature of
Physician

St. Brigitte Luminous

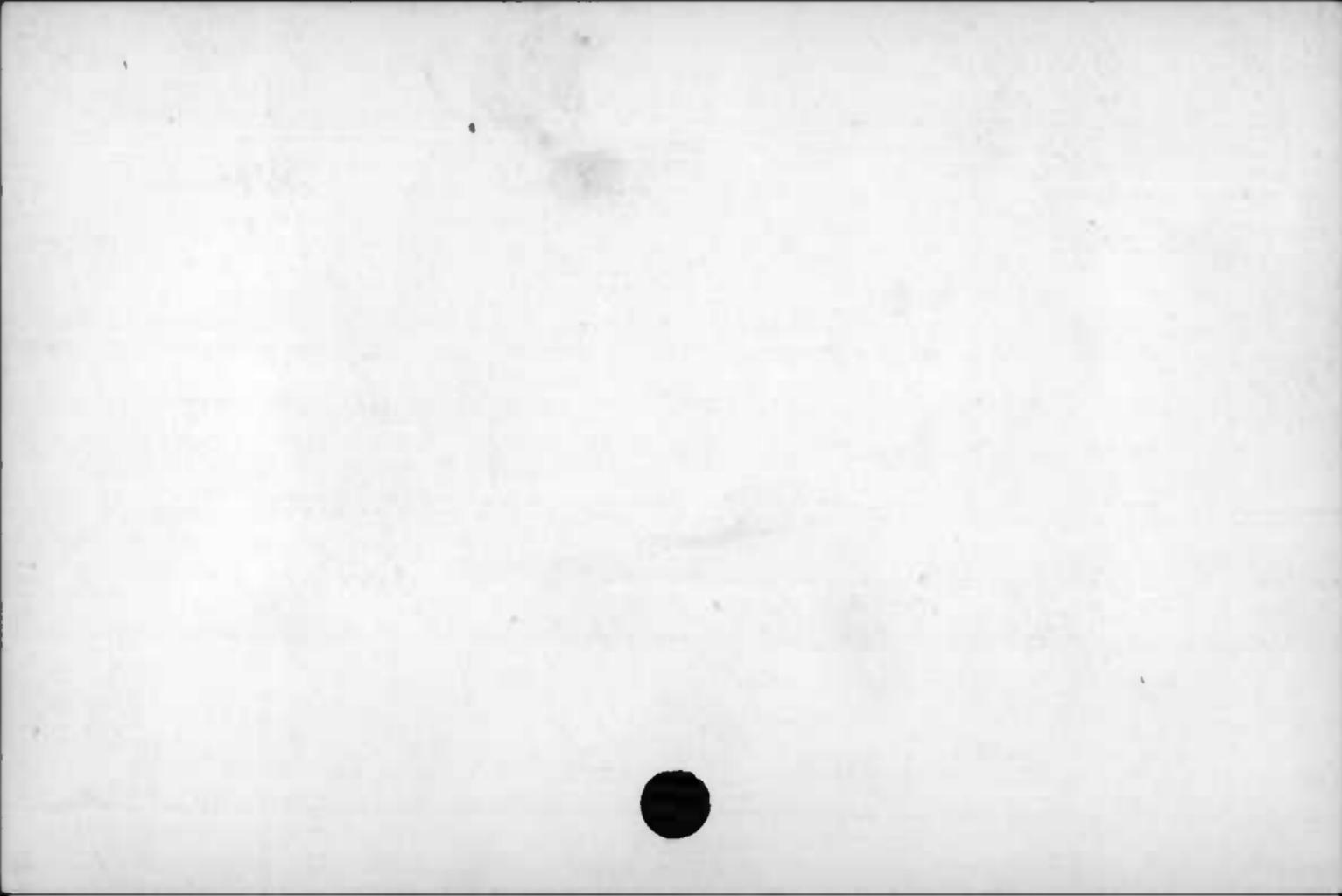
Address

Chesapeake, town

md.

Accident or Suicide?

21



Name
in
Full

Ida Carey.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Church Street</u> Town		<u>2000</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>April</u>	Day <u>19</u>	Age <u>35</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>2000 MD</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John W H Carey</u>	Father's Birthplace <u>Delaware</u>			
Father's Name <u>W Frank Smasay</u>	Mother's Birthplace <u>"</u>				
Mother's Maiden Name <u>Reed</u>	How related to deceased <u>Brother</u>				
Name of person giving information <u>Reverend Smasay</u>					
CAUSES OF DEATH					
Primary <u>Tuberculosis</u>	How long <u>1921</u>				
Immediate <u>Exhaustion</u>	How long <u>1 hr</u>				
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<u>D. S. Dudgeon MD</u>		
		Address	<u>Church Hill MD</u>		

PHYSICIAN
OR CORONER

Accident or Suicide?



Mary a Clements

CERTIFICATE OF DEATH

Died at Englewood		Town	County Queen Anne's		MARYLAND	
Date of death	1908	Month April	Day 1	Years	Months	Days
Sex	Female	Color or Race	Age not known			
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband			
Father's Name	William West		Father's Birthplace	not known		
Mother's Maiden Name	Rachel Newlee		Mother's Birthplace	" "		
Name of person giving information	Elvina Drane		How related to deceased	Son in law.		

CAUSES OF DEATH

66

How long

Cause of Death: Heart Disease

4 weeks

Immediate Cause: Heart Disease

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

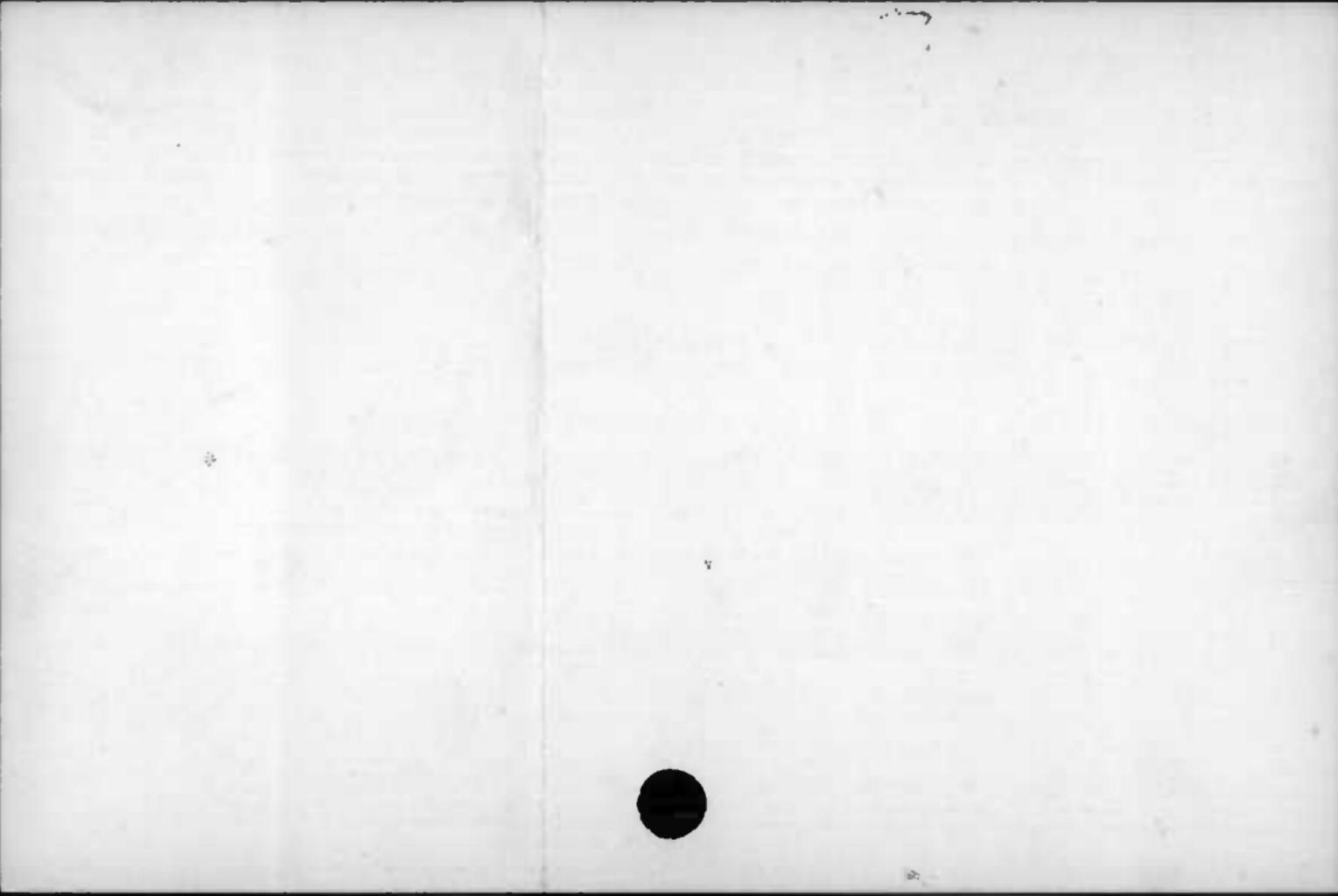
Signature of Physician

Address

Dr. R. R. Drane

Queen Anne's
County
Md.

Accident or Suicide?



Name
in
Full

W. Massie Cook

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Winchester

Town Winchester County Queen Anne

MARYLAND

Date of death 1908 Month 4 Day 3

Age 1 Years 1

Months 1 Days 1

Sex male

Color or Race African

Birth-place Winchester

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Wilson Cook

Father's
Birthplace

Q. A Co. Md.

Mother's
Maiden Name

Katie Cook

Mother's
Birthplace

Baltimore

Name of person giving
Information

Wilson Cook

How related
to deceased

5

CAUSES OF DEATH

Primary

accident to mother

How long

1

Immediate

1

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

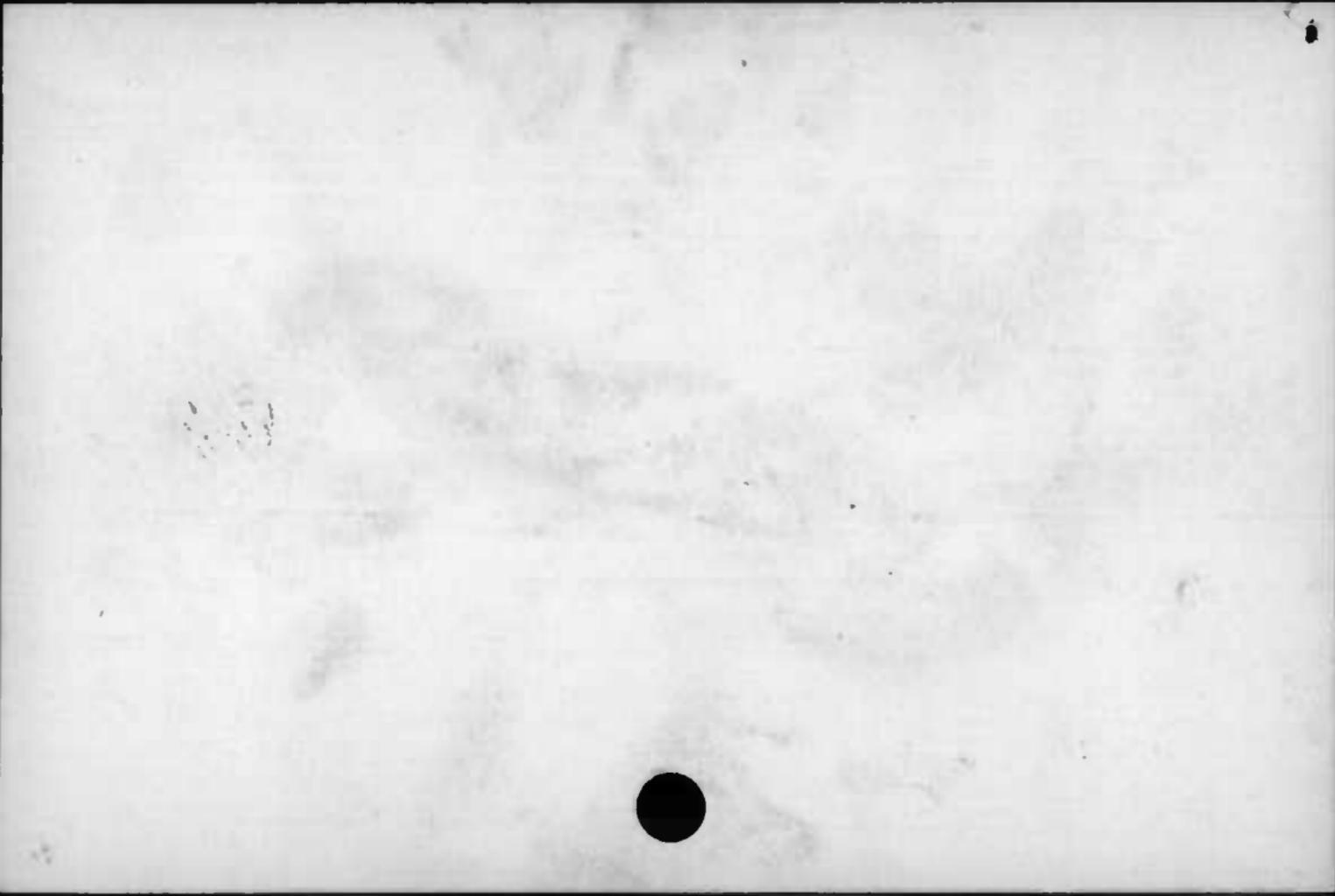
Signature of
Physician

W. W. Chavis

Midwife had delivered
and child was dead
when I arrived
Accident or Suicide?

Address
Queenstown Md.
Interior Hampshire

PHYSICIAN
OR CORONER



Name
in
Full

Roderick Ericson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

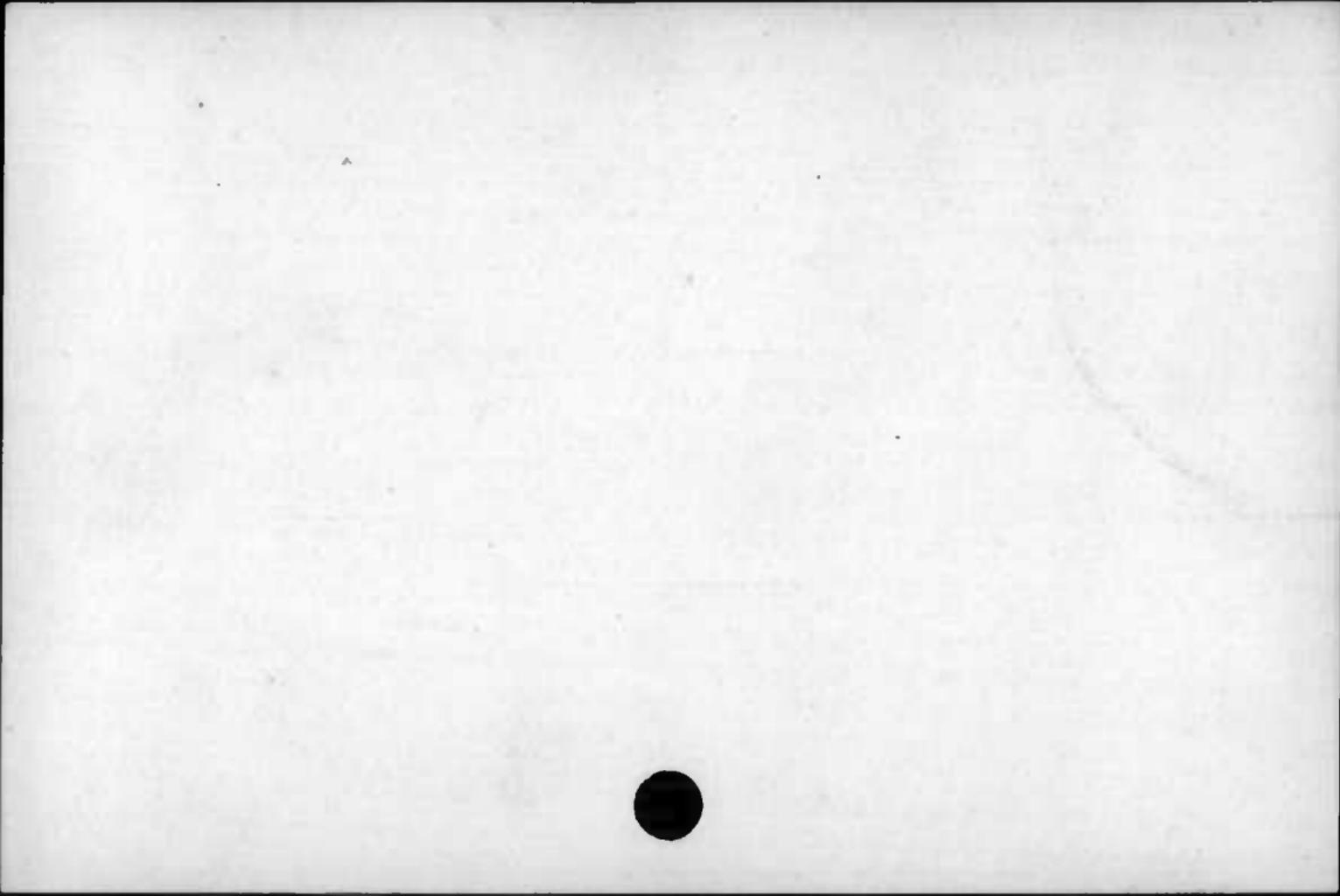
Town	County	MARYLAND		
Died at County Home	Queen Anne	—	Months	Days
Date 25 th of death 1908	Month April	Day 22 nd	Years 71	—
Sex Male	Color or Race white	Birth-place Kent Island		
Occupation Labourer	Where Residing if not at place of death Kent Island			
Married, Single or Widowed yes	Name of Wife or Husband			
Father's Name	Dont Know	Father's Birthplace	✓	
Mother's Maiden Name	Dont Know	Mother's Birthplace	✓	
Name of person giving Information	Wm Lester	How related to deceased	✓	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright disease of kidney		
Immediate	Acute indigestion		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long 3 years
		Address	How long 24 hours
		John Stoltz	
		Centreville Maryland	
Accident or Suicide?	J		



Name
in
Full

Bartha Bawella Ferrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

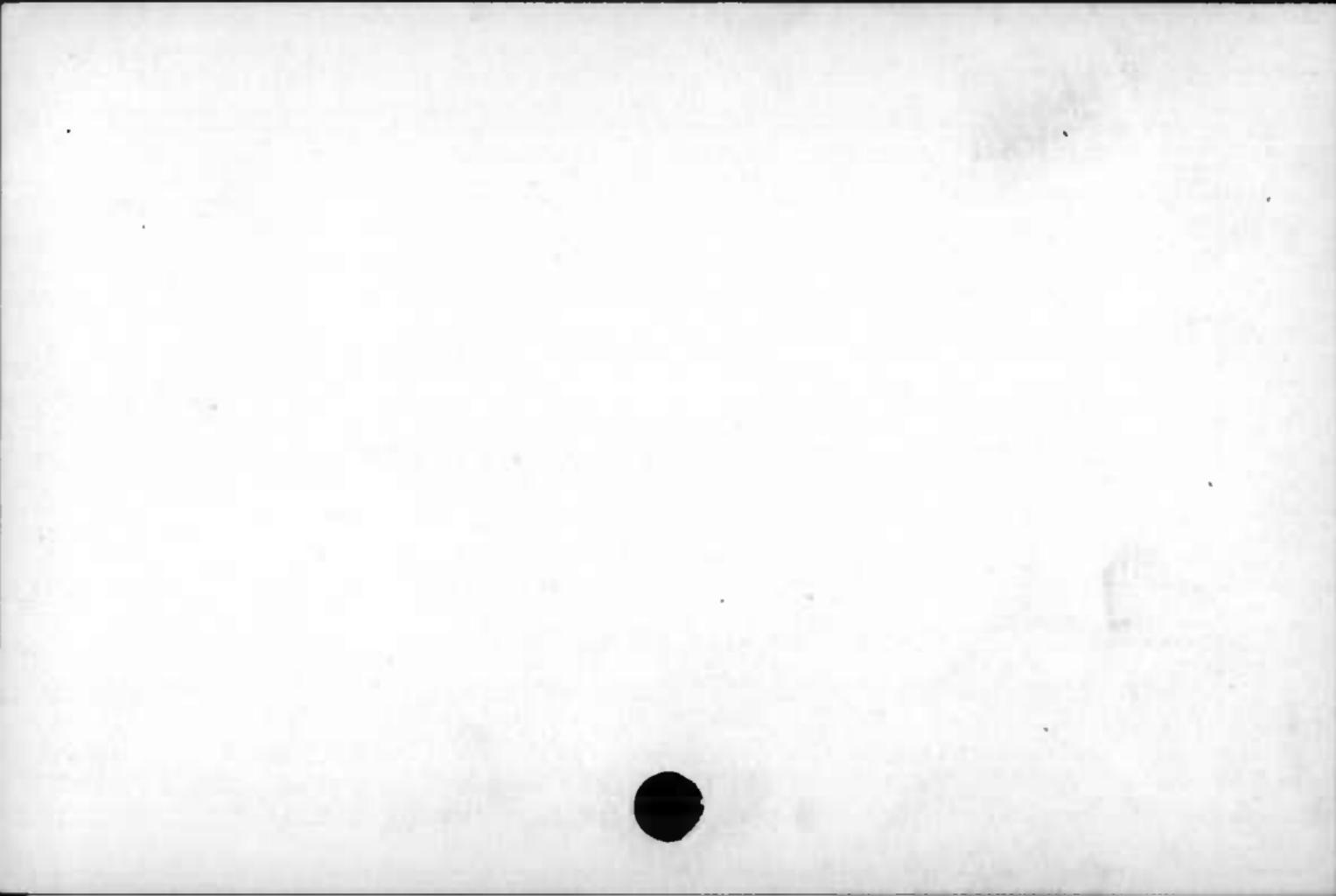
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	April	23 rd	One	3 months	unknown	
Sex	girl	Color or Race	colored	Birth-place	Queen Anne Co	
Occupation	lives at home		Where Residing if not at place of death	—		
Married, Single or Widowed	—		Name of Wife or Husband	—		
Father's Name	John Simon Ferrell		Father's Birthplace	Queen Anne Co		
Mother's Maiden Name	Abbie Ritter Mason		Mother's Birthplace	Delaware		
Name of person giving Information	Father		How related to deceased	—		

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

Primary	—	How long	6 months
Immediate	Endritis	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	F. N. Sheppard M.D.	
	Address	Brunswick Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month 4	Day 27	Years 51	Months 6	Days
Sex	Male	Color or Race	White	Birth- place Kent Co. Delaware		
Occupation	Farming			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Annie C. Ford.			
Father's Name	Thomas Ford.			Father's Birthplace	Delaware	
Mother's Maiden Name	Louisa Anderson			Mother's Birthplace	Delaware	
Name of person giving Information	H. C. Jones.			How related to deceased	Brother.	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pneumonia (Pulmonary)

3 years

Immediate

Respiratory Failure

day

Are the name, age, sex, color, date
and place correctly given above?

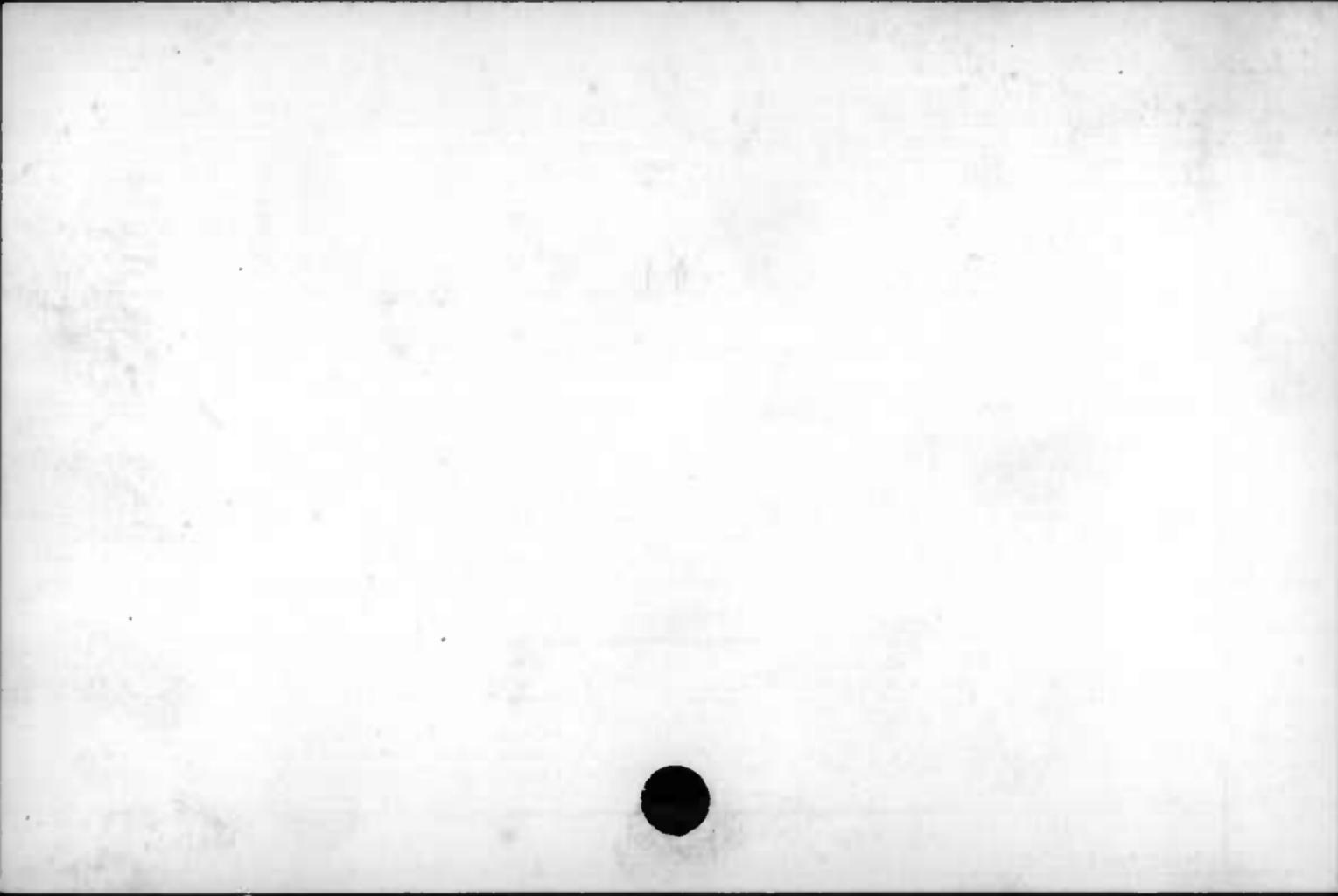
Signature of
Physician

Arthur E. Landis

Address

Crumpton

Accident or Suicide?



Name
in
Full

Charles Gith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Amanda Gith				
Father's Name	Joshua Gith		Father's Birthplace	Maryland		
Mother's Maiden Name	Anna Gith		Mother's Birthplace	" "		
Name of person giving Information	John Gith		How related to deceased	Brother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	3 months
Immediate	Weak heart		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. E. Evans	
		Address	Marydel Del	
Accident or Suicide?				



Name
in
Full

Miss Louise Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Church Hill	County	Anne Arundel	MARYLAND
Date of death	Month	1908 April 16	Day	Age 21	Years 6 Months Days
Sex	Female	Color or Race	White	Birth-place	Anne Arundel Co
Occupation	Student				
Married, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	Frederick Hall				
Mother's Maiden Name	Anna Reed				
Name of person giving Information	William Hall				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

Exhaustion

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

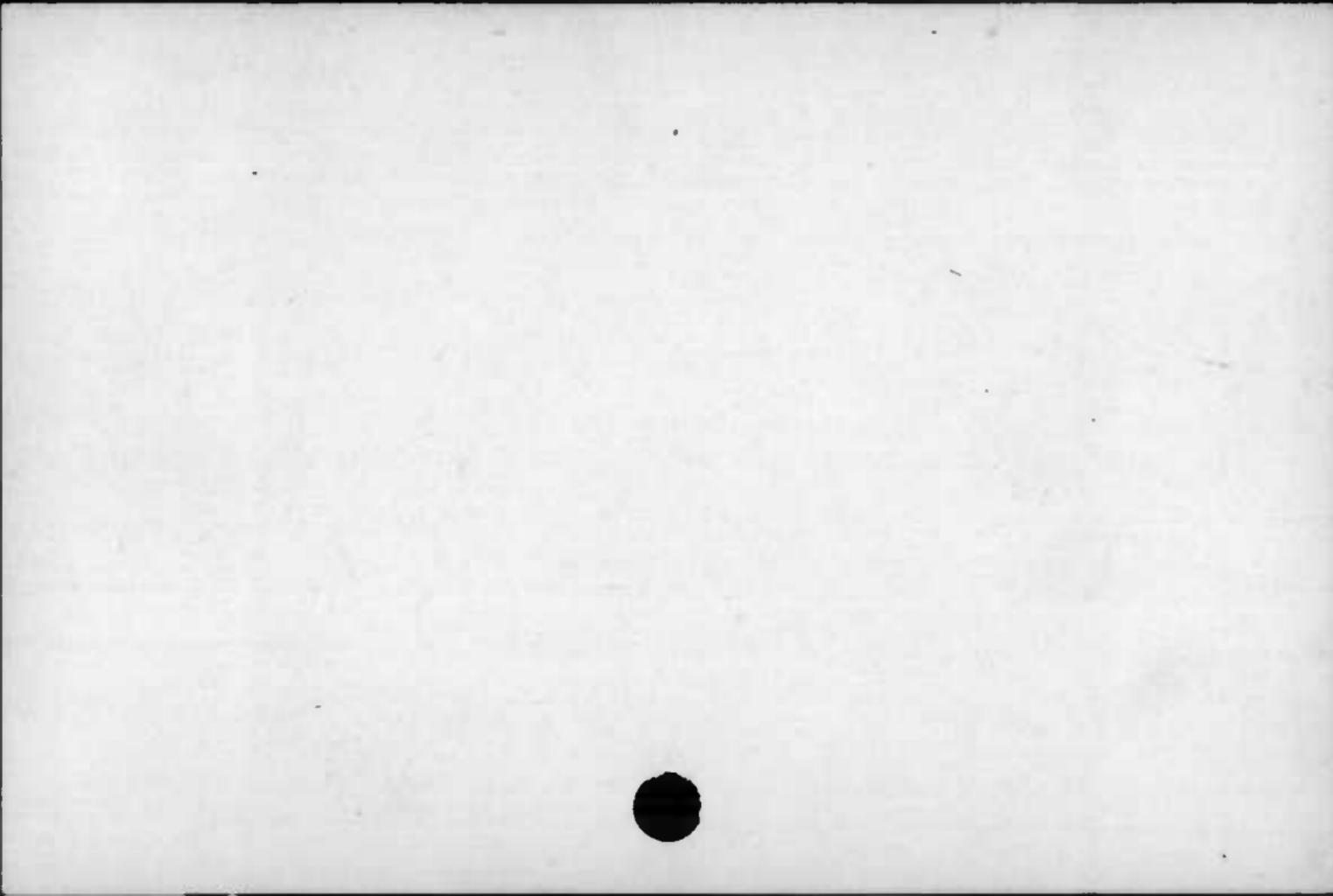
Address

J. S. Dudley MD

Church Hill Md

Accident or Suicide?

No



Name
in
Full

Sarah E. Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Stevensville	Queen Anne				
Date of death	1908	Month	Apr.	Day	5	Years
Sex	Female	Color or Race	Colored	Age	5 "	Months
Occupation	none	Where Residing if not at place of death			Stevensville	
Married, Single or Widowed	Single	Name of Wife or Husband			Stevensville	
Father's Name	William Fisher				Father's Birthplace	Stevensville
Mother's Marden Name	Clara Harris				Mother's Birthplace	Caroline Co.
Name of person giving Information	Lulu Robinson				How related to deceased	friend
CAUSES OF DEATH						98
Primary	Emphysema					How long
Immediate						How long

PHYSICIAN
OR CORONER

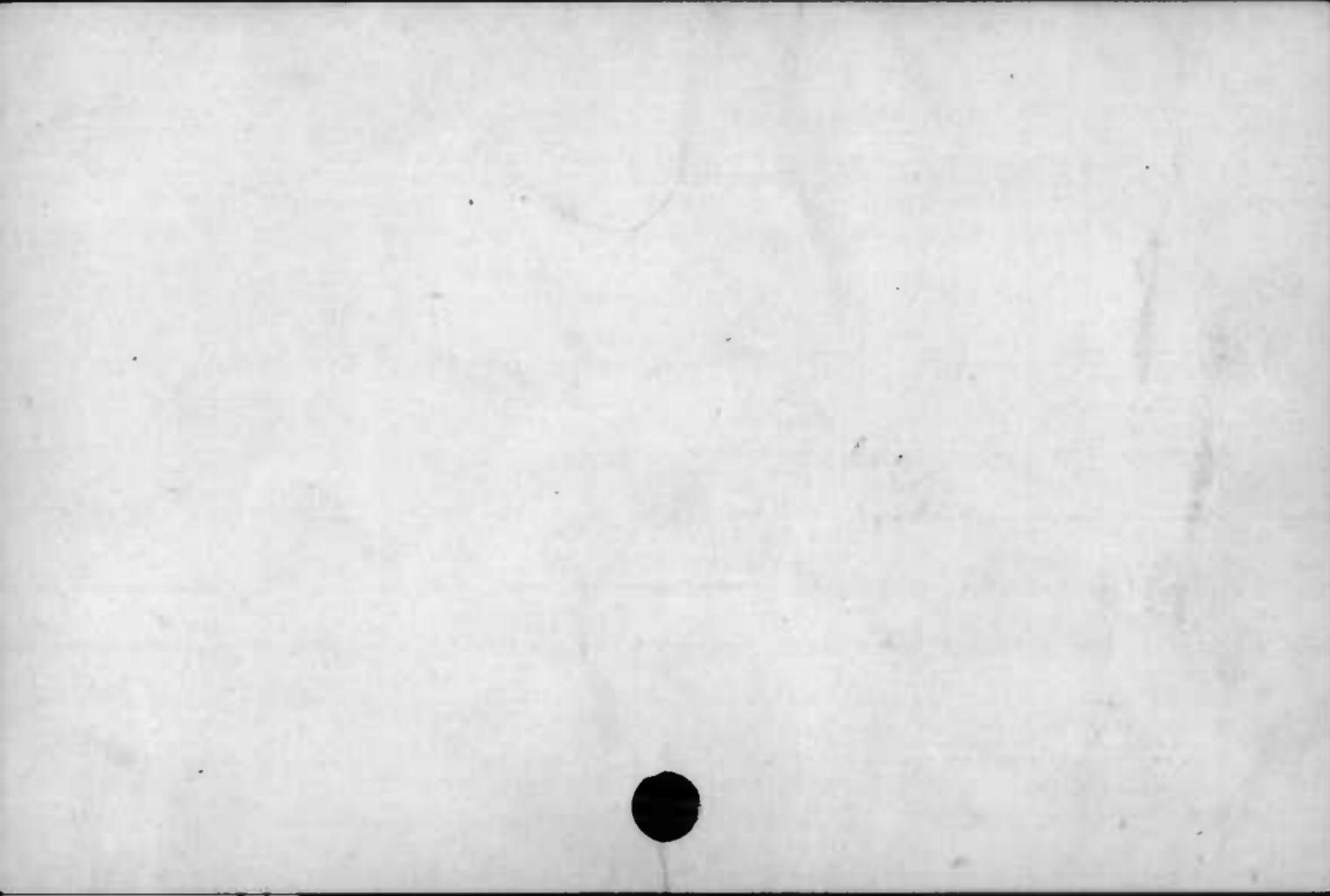
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. Charles E. Spyke
Stevensville, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

James Mowship Hill

in
Full

County

MARYLAND

Died at

Town

Chester Maryland

To BE ANSWERED BY

County

Months

Days

Date
of death

Month

Day

Years

1908

Apr

Age

76

Years

Sex

Color or
Race

Male

Age

76

Birth-
place

Albion

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Wesley Hill

Father's
Birthplace

Shadbury Md

Mother's
Maiden Name

Annie Brown

Mother's
Birthplace

Kent Island

Name of person giving
Information

Wesley Hill

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

2 days

Immediate

How long

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

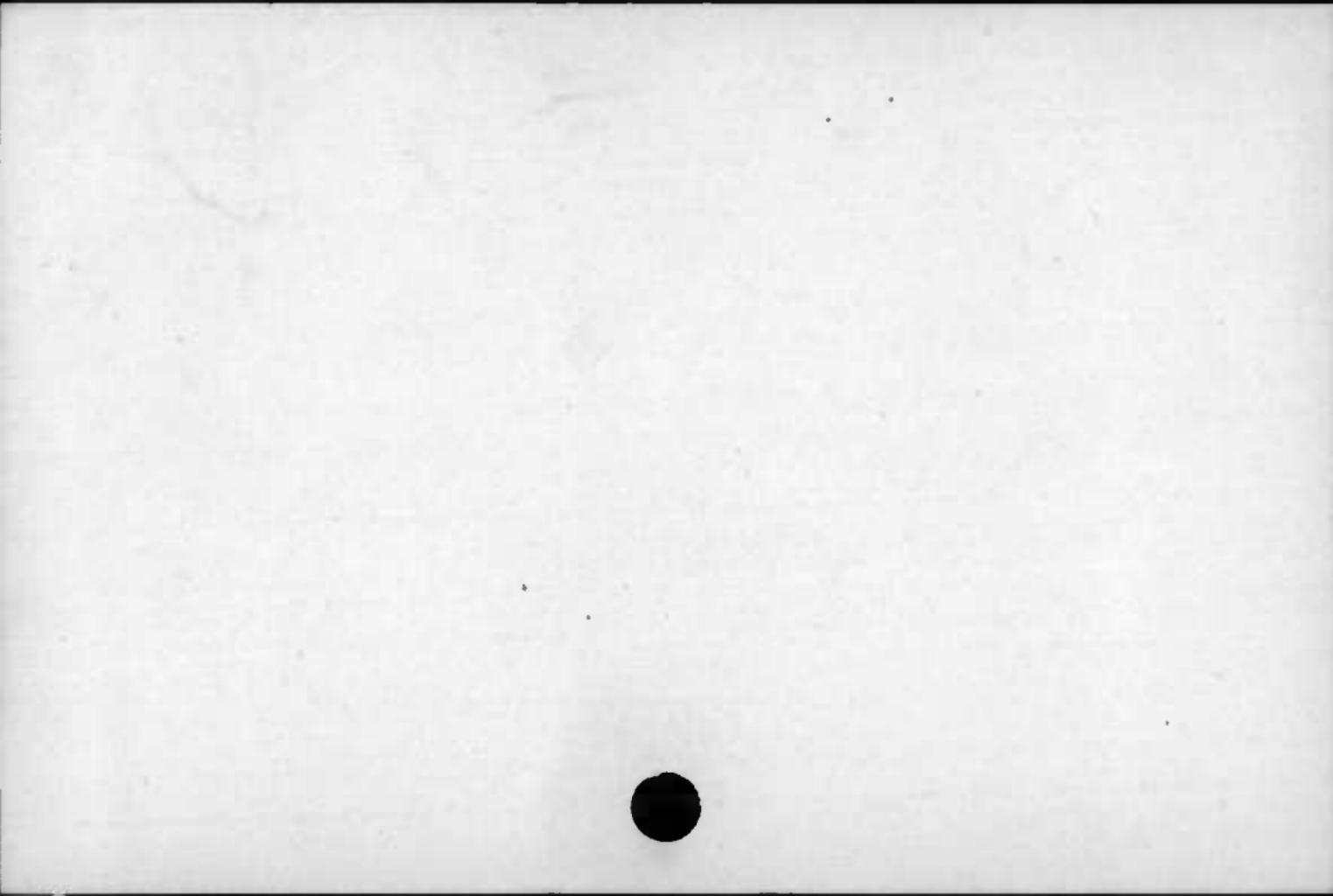
Signature of
Physician

Address

Chas & Syd
Stevensville Md
Roxbury St

Accident or Suicide?

no



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Bulenian Hopkins

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Stevensville

24. 08

Date

Month

Day

Years

Months

Days

of death 1908

age 14

Age 81

Sex

Male

Color or
Race

White

Birth-
place

Kent Isla

Occupation

farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Anderson

West Isl.

Father's
Name

Edward Hopkins

Father's
Birthplace

Mother's
Maiden Name

Miss — Cockey

Mother's
Birthplace

Name of person giving
Information

Daniel Hopkins

How related
to deceased

Son

CAUSES OF DEATH

Primary

Old age & general debility

2 yrs.

How long

Immediate

Weak Heart

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

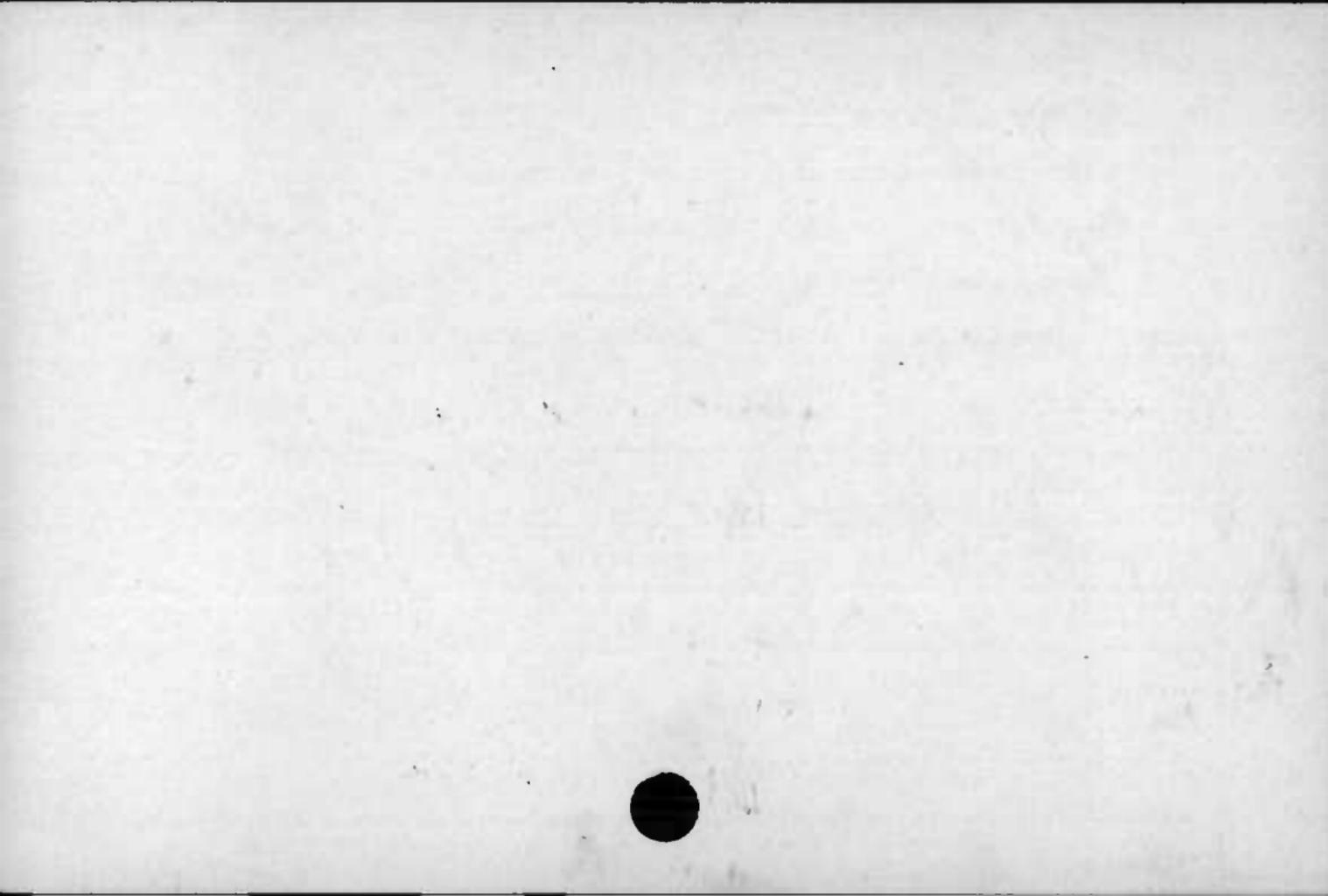
Signature of
Physician

Address

John D. Benbow
Stevensville, MD

9

Accident or Suicide?



Name
In
Full

Mr Henry Horner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Near Queenston	2 a. m.			
Date of death	Month	Day	Years	Months	Days
1908	April	14	44	—	—
Sex	Male	Color or Race	Black	Birth-place	2 a. m.
Occupation	Fisher Man		Where Residing If not at place of death	Queenstown	
Married, Single or Widowed	Married	Name of Wife or Husband	Louisa Millson		
Father's Name	Henry Horner		Father's Birthplace	2 a. m.	
Mother's Maiden Name	Dora		Mother's Birthplace		
Name of person giving information	Louisa Horner		How related to deceased	Wife	

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary	Mechanical asthma		How long	Two months
Immediate	Heart failure		How long	Half hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Lowrance S. Lowe	
		Address	Queenston, Md.	
Bicular Hypnotic				
Accident or Suicide?				

Mr. Morris

Name
in
Full

Wm Henry Manlove

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wm Sudlersville</u>		Town <u>Turnersville</u> County <u>Turnersville</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>4</u>	Day <u>29</u>	Age <u>9</u>	Years <u>9</u>	Months	Days
Sex <u>Male</u>	Color or race <u>white</u>		Birth-place <u>Delaware</u>			
Occupation <u>Farm Labor</u>	Where Residing if not at place of death <u>Md</u>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Wm Man</u>	Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Ale Manlove</u>	Mother's Birthplace <u>Virginia</u>					
Name of person giving information <u>Wm Chase</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

Two months

Immediate

Exhaustion, wasting

How long

Six months

Are the name, age, sex, color, date and place correctly given above?

Yes

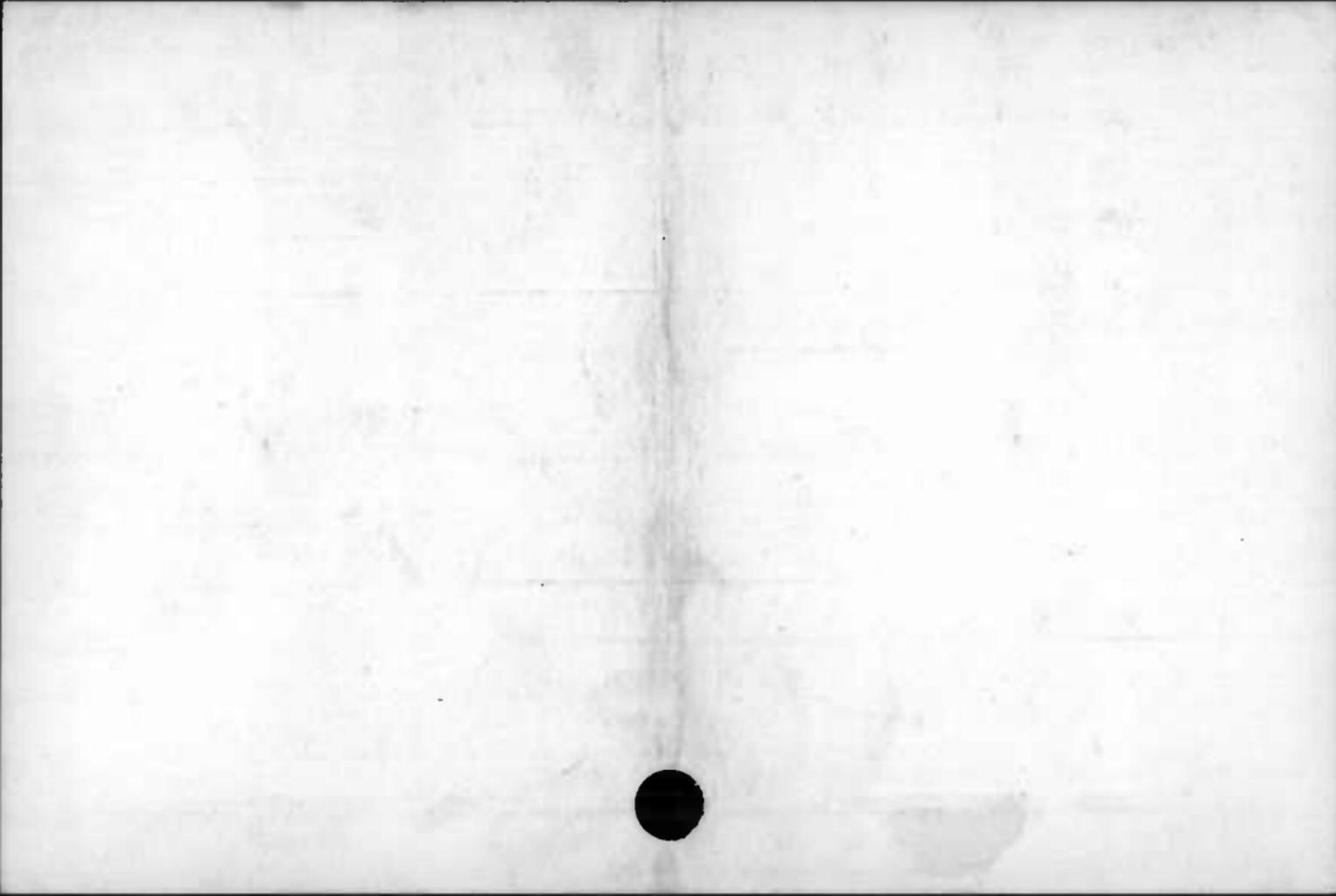
Signature of Physician

Address

Foster Sudek

Sudlersville Md

Accident or Suicide?



Name
in
Full

Frank W. de Marshall

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month L	Day 5	Years 22	Months 1	Days 0	
Sex	Male	Color or Race	Caucasian		Birth-place	Queen Anne	
Occupation	Laborer		Where Residing if not at place of death		Centreville		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Chilcott		Father's Birthplace	Queen Anne	
Father's Name	James Edward Marshall		Queen Anne		Mother's Birthplace	Queen Anne	
Mother's Maiden Name	Ella Weaver		Queen Anne		How related to deceased	Aunt	
Name of person giving information	Catherine Burque, Mrs.		Queen Anne				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis. Pulmonary

2 or 3 years

Immediate

Exhaustion.

How long

2 or 3 mos. the

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

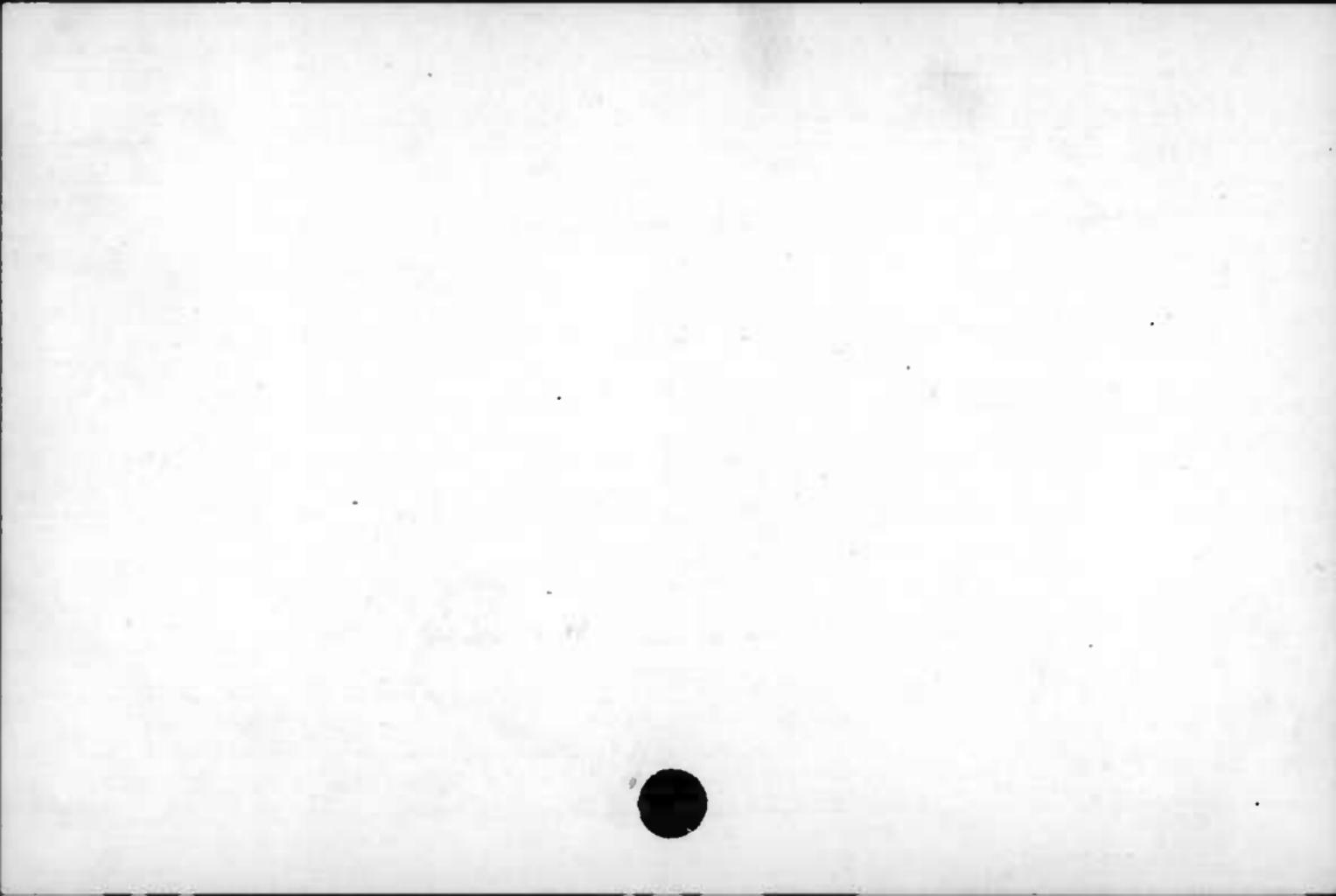
Address

Jas Bordley

Centreville

Md

Accident or Suicide?



Name
In
Full

John H Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Centerville		
Father's Name	John C. Mason		Father's Birthplace	P.A. So.
Mother's Maiden Name	Henretta Sylvester		Mother's Birthplace	Unknown
Name of person giving information	John W. Mason		How related to deceased	Son

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

days

Immediate

Near fainting, exhaustion

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. Bordley M.D.
Centerville
Md.

Incident or Suicide



Name
In
Full

William James Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY

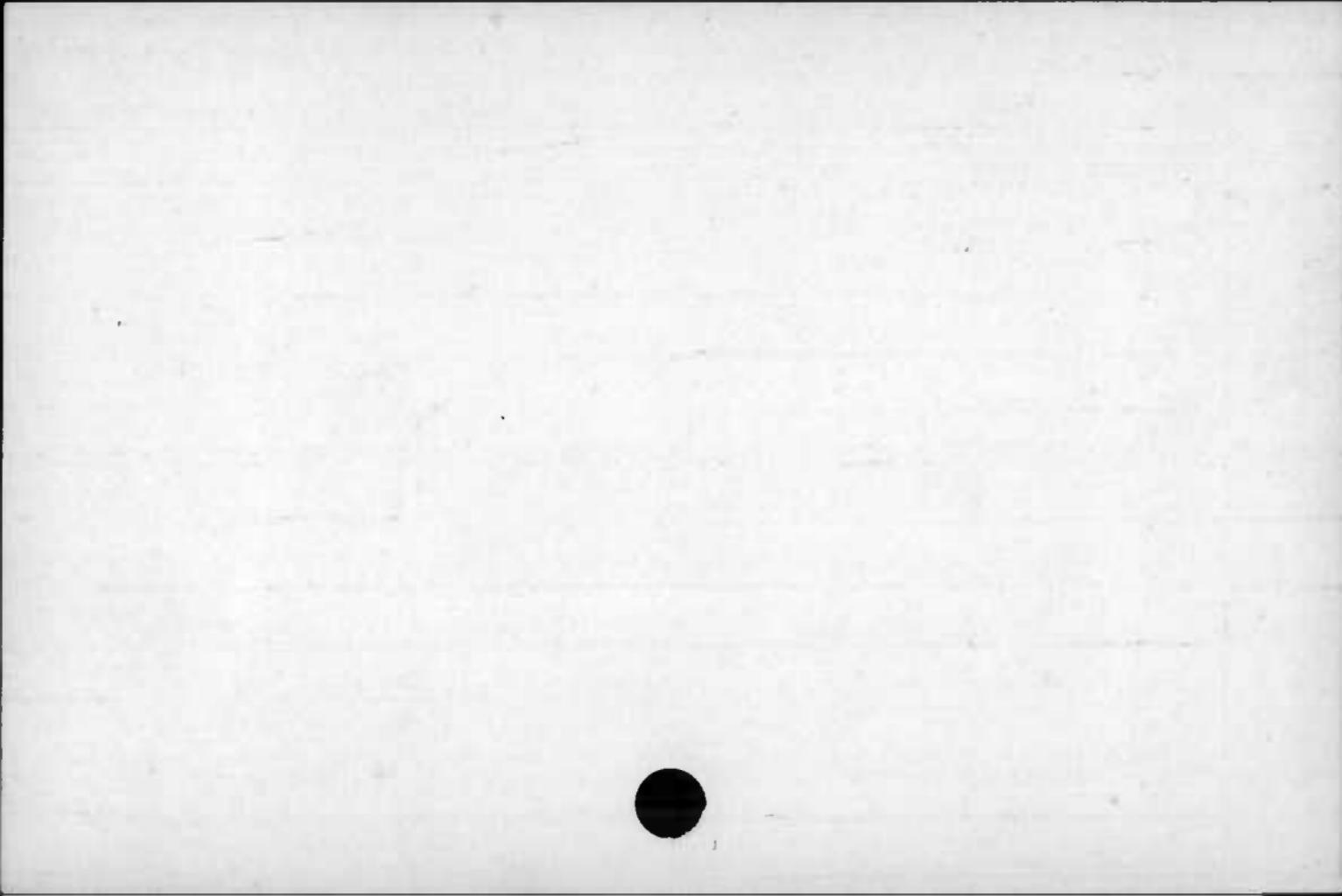
NEAREST FRIEND

Died at	Town		County		MARYLAND	
	Winchester		D. A.			
Date of death	Month	Day	Years	Age	Months	Days
1908	April	19	22	22		
Sex	Male	Color or Race	White			
Occupation	Farm work					Where Residing if not at place of death
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	George W. Miller					Father's Birthplace
Mother's Maiden Name	Mary R. Evans					Mother's Birthplace
Name of person giving information	Geo. W. Miller					How related to deceased

27

PHYSICIAN
OR CORONER

CAUSES OF DEATH			
Primary	Pulmonary Tuberculosis	How long	Don't know
Immediate	Heart failure	How long	Half hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Rowland H. Ford
		Address	Queensbury, Md.
Accident or Suicide?			



Name
in
Full

Rosy E. Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race		Age	Birth- place	Place of death		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Hazel S. Porter						
Mother's Maiden Name	Resia Loderia						
Name of person giving Information	Rosy E. Porter						
Father's Birthplace							
Mother's Birthplace							
How related to deceased							

CAUSES OF DEATH

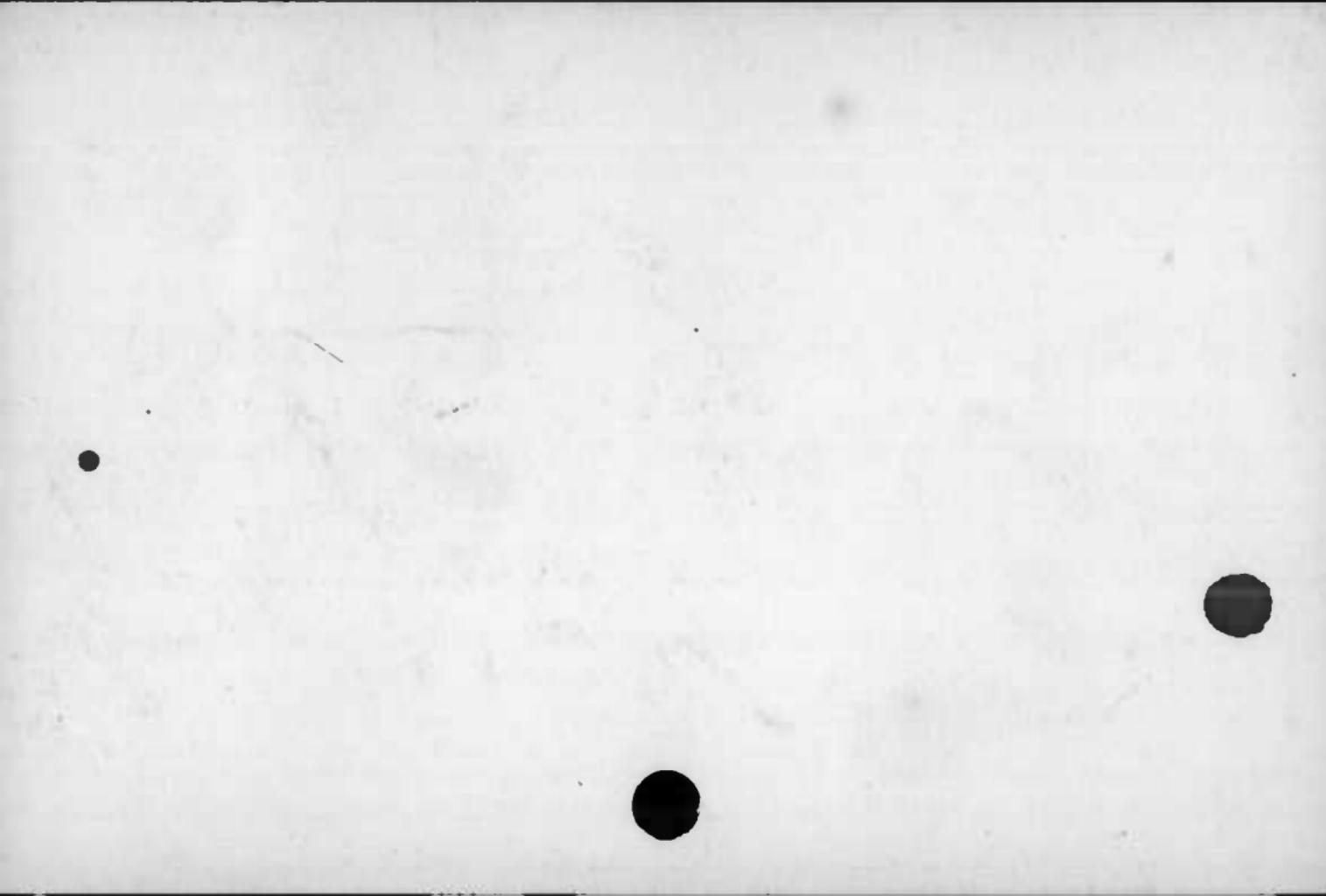
92

How long

10 days
1 hour

PHYSICIAN
OR CORONER

Primary	Bronchial Pneumonia	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		J. S. Dudley
	Address	Church Hill
Accident or Suicide?	No	Green St. and



Name

in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

<i>Henrietta Cecelia Shortall</i>					CERTIFICATE OF DEATH		
Died at		Town		County		MARYLAND	
Date of death	1908	Month	April	Day	23rd	Years	
Age	36		Months	—		Days	
Sex	Female	Color or Race	Caucasian		Birth-place	Queen Anne's Co Md.	
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Thomas F. Shortall		Father's Birthplace			Zabott Co	
Mother's Maiden Name	Hello Dougherty		Mother's Birthplace			" "	
Name of person giving Information	J. F. Shortall		How related to deceased			Father	
CAUSES OF DEATH						34	
Primary	Localized Tuberculosis					How long	Seven Years
Immediate	General or disseminated tuberculosis					How long	Visceral, six months
Are the name, age, sex, color, date and place correctly given above?		415	Signature of Physician	Address			Jax Bradley MD Centreville Md.
St. Peters Church							
Accident or Suicide?							

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Anne Skinner

CERTIFICATE OF DEATH

Died et Date of death 1908	Town Burke	Month 4	Day 12	Years 75	County D.C.	Months 4	Days 12
Sex Female	Color or Race White-American	Birth- place Md.					
Occupation House work	Where Residing if not at place of death						
Married, Single or Widowed Widow	Name of Wife or Husband James Skinner	Father's Name Benjamin Rowlison	Father's Birthplace Md.				
Mother's Maiden Name Mary A Rowlison	Mother's Birthplace Md.						
Name of person giving Information John Skinner	How related to deceased Son						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Concussion of Brain as result of fall

166

32 hours

Immediate
Shock

How long

32 hours

Are the name, age, sex, color, date
and place correctly given above?

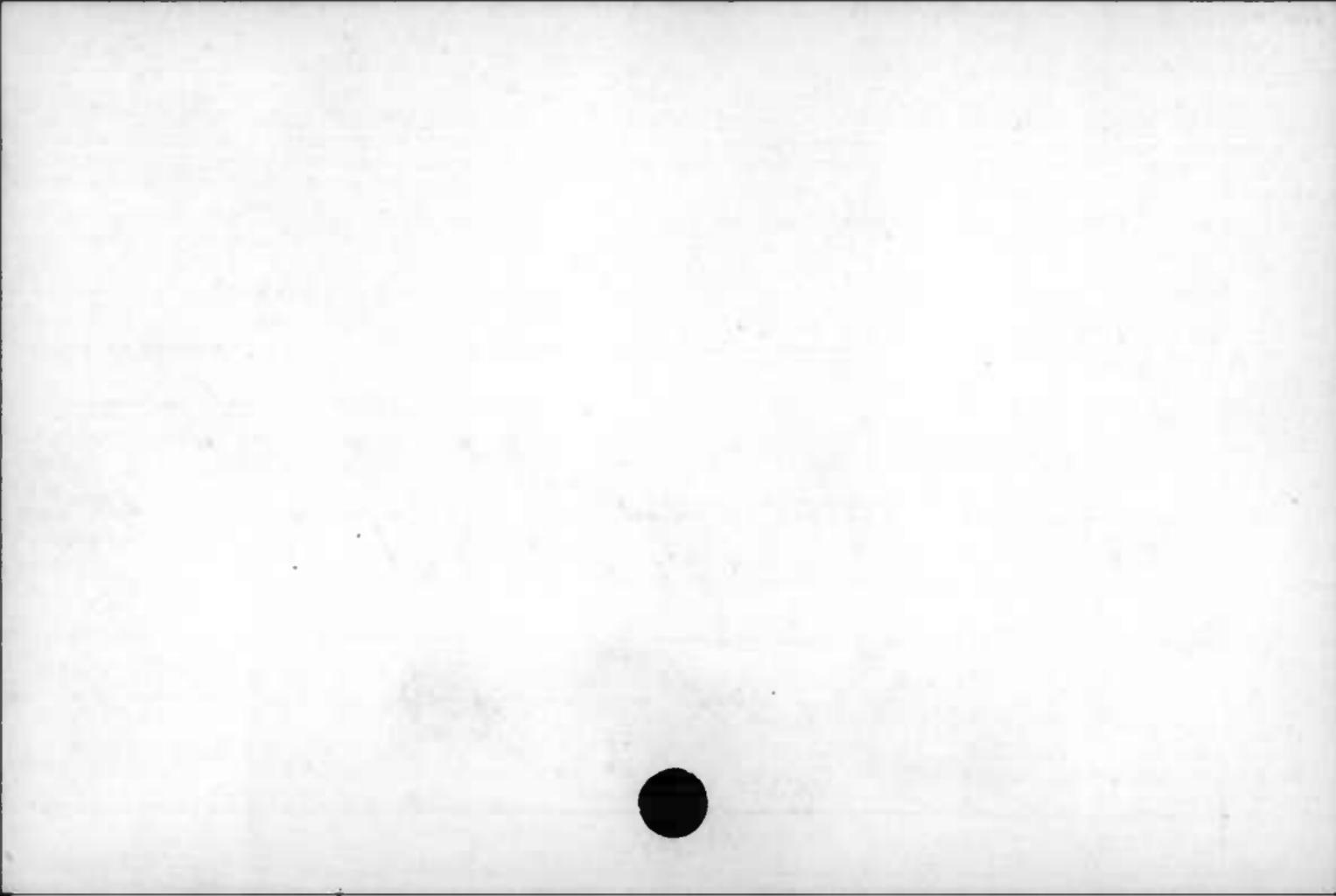
Yes

Signature of
Physician

Address

Magistrate and
Deputy Clerk
M

Accident or Suicide?
Accident



Name
in
Full

Stanley
Not named (Stillborn)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at
Price Sta.

Town

County

MARYLAND

Date of death 1908 Month April Day 7 Years _____ Months _____ Days _____

Sex Male

Color or Race

White

Birthplace

La Crosse

Occupation

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

James E. Stanley

Father's
Birthplace

Ind

Mother's
Maiden Name

Music E. Smith

Mother's
Birthplace

Ind

Name of person giving
Information

James E. Stanley

Related
to deceased

Father

CAUSES OF DEATH

6

Primary

dead born

How long

Immediate

dead born

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. G. Coppedge
Church Hill
Ind

Accident or Suicide?

PHYSICIAN
OR CORONER

Imyna Dee

Name
in
Full

Charlie Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Templeville.	Sum Anne Co	Months	Days	
Date of death	1908	Month	4	Day	22
Age	Years	17			
Sex	Male	Color or race	Birthplace		
Occupation	Farm labor	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Herman Thomas	Father's Birthplace	Md		
Mother's Maiden Name	Lizza Butler	Mother's Birthplace	Md		
Name of person giving Information	Chas. H Thomas	How related to deceased	Unkle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid-Fever

How long

Two hours

Immediate

Exhaustion

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Foster Sudler
Sudlersville No

Accident or Suicide?

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George Thomas

CERTIFICATE OF DEATH

Died at <u>West Templeville</u>		Town <u>West Templeville</u>		County <u>Howard</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>4</u>	Day <u>30</u>	Age <u>14</u>	Years	Months	Days	
Sex <u>Male</u>	Color or race <u>White</u>				Birth-place <u>Md</u>		
Occupation <u>Farm laborer</u>	Where Residing if not at place of death <u>Md</u>						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Hermon Thomas</u>						Father's Birthplace <u>Md</u>	
Mother's Maiden Name <u>Sizza Bubbi</u>						Mother's Birthplace <u>Md</u>	
Name of person giving information <u>Hermon Thomas</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

1

How long

Primary

Typhoid fever

Immediate

Exhaustion,ability passing How long Four months

Are the name, age, sex, color, date and place correctly given above?

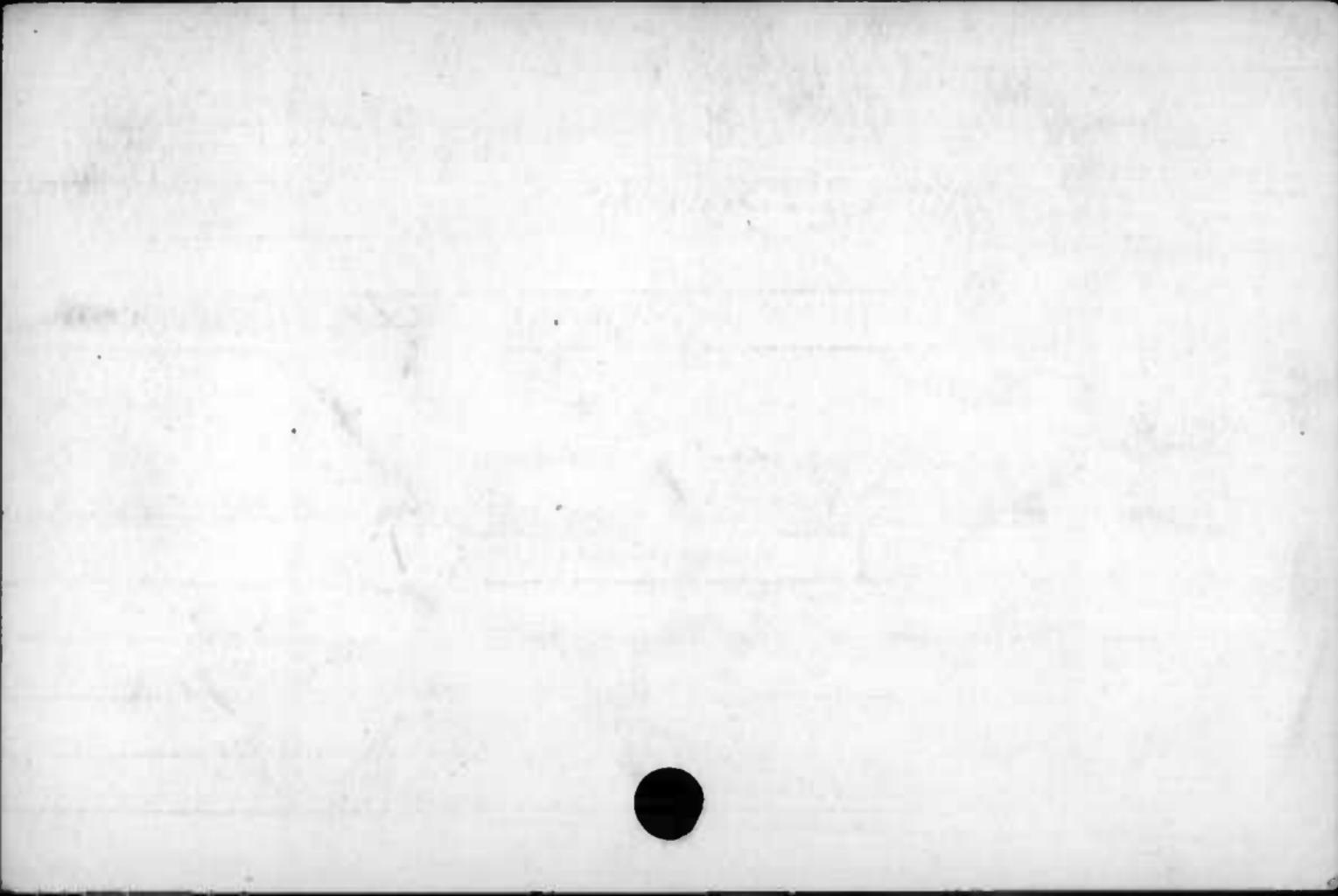
Signature of Physician

Address

Wm. Synder

Synderville Md

Accident or Suicide?



Name
in
Full

Mary A. Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Chester County
Date of death 1908 Month Apr. Day 14 Years 31 Months 6 Days
Sex Female Color or Race white Birth-place Kent L.
Occupation House-wife Where Residing if not at place of death Chester
Married, Single or Widowed Married Name of Wife or Husband Howard Thomas
Father's Name Samuel L. Jones Father's Birthplace Dorchester Co.,
Mother's Maiden Name Katie Thompson Mother's Birthplace " "
Name of person giving Information Name of person giving Information Husband

PHYSICIAN
OR CORONER

CAUSES OF DEATH

27

Primary Tuberculosis of left lung & t. ovary
Immediate General Anesthesia

How long

6 months
2 weeks

Are the name, age, sex, color, date and place correctly given above?

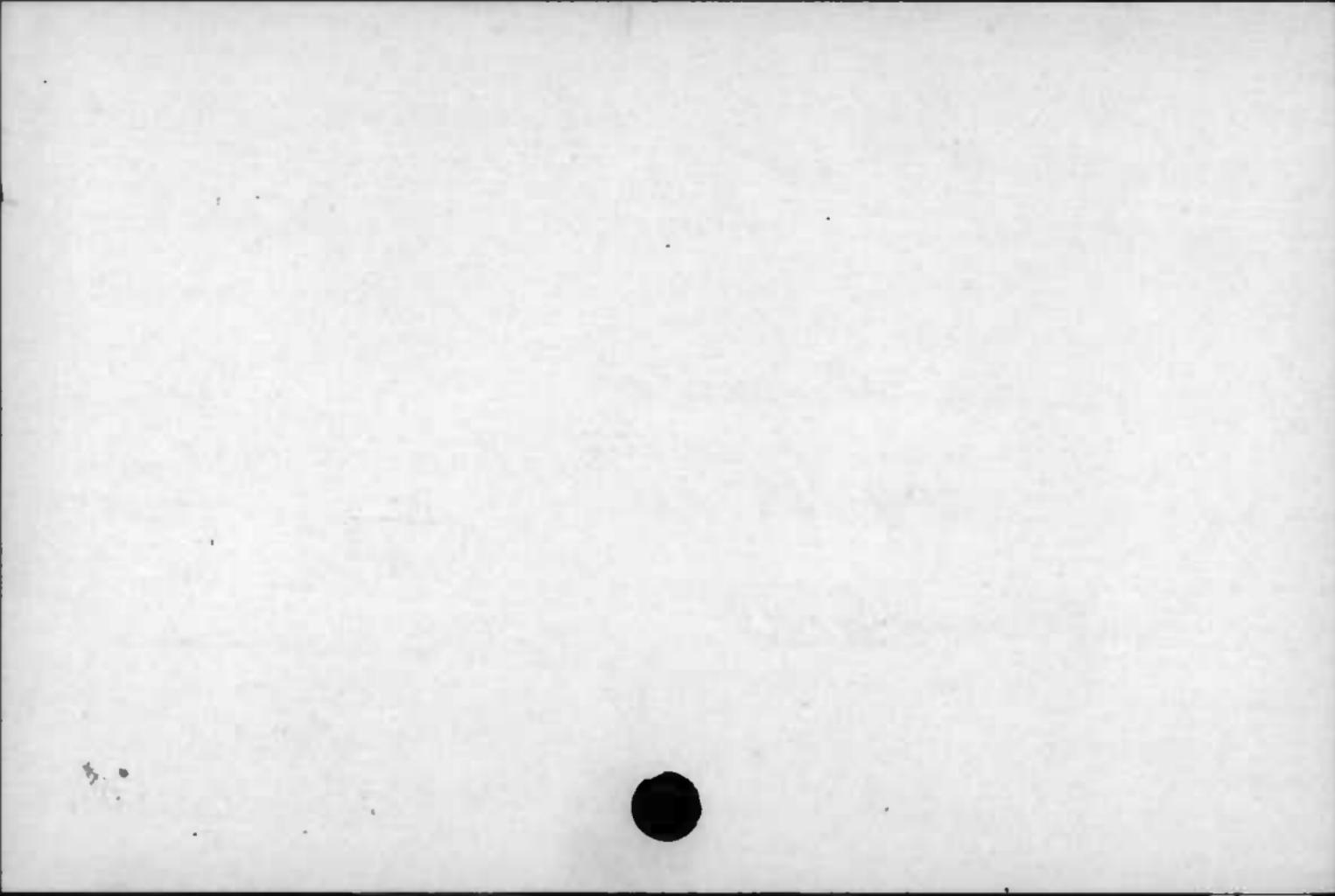
Signature of
Physician

Address

Wm Chas Eby, Jr.
Sternsville, Md.

9

Accident or Suicide?



Name
in
Full

Martha Halls

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1908		4	25	Age -	-	-
Sex	Female		Color or Race	White		
Occupation	-		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	-		
Father's Name	Wallie H. Halls		Father's Birthplace	Md -		
Mother's Maiden Name	Emma H. Halls		Mother's Birthplace	Md -		
Name of person giving Information	Wallie H. Halls		How related to deceased	Father		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary

Cyanosis

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. P. Smith, M.D.

Mapleview Md

Accident or Suicide?



Name
in
Full

Sallie Washington

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month April	Day 30	Years 70	Months	Days
Sex	Female	Color or Race	Colored		Birth-place	Howard Co Md
Occupation	Servant	Where Residing if not at place of death		Keut Island		
Married, Single or Widowed	Widow	Name of Wife or Husband	Unknown		Unknown	
Father's Name	Unknown		Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown		
Name of person giving information	Thomas W. Barville		How related to deceased	"		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
General debility

179

How long

Immediate

Signature of
Physician

Address

Yes

Emory S. Skinner Jr.
Stevensville
Md.

Accident or Suicide?

Name
in
Full

James C. Watters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month April	Day 21	Years 76	Months	Days
Sex	Male	Color or Race	white	Birth-place	Queen Anne's Co.	
Occupation	Farmer		Where Residing if not at place of death	Near Centreville		
Married, Single or Widowed	widowed		Name of Wife or Husband	Sarah Watters		
Father's Name	J. C. Watters		Father's Birthplace	Queen Anne's Co.		
Mother's Maiden Name	Mary Alley		Mother's Birthplace	Queen Anne's Co.		
Name of person giving information	J. C. Watters		How related to deceased	Son		

CAUSES OF DEATH

64

How long

3 or 4 yrs

How long

2 weeks

PHYSICIAN
OR CORONER

Primary

Arteriosclerosis

Immediate

Cerebral hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. C. Watters M.D.
Centreville
Queen Anne's Co.

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Howard L. Woodring				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	April	3	32	10	28	
Sex	Male	Color or Race	White	Birth-place	Pa	
Occupation	Telegraph Operator		Where Residing if not at place of death	At place of death		
Married, Single or Widower	Single	Name of Wife or Husband				
Father's Name	Isaac Woodring		Father's Birthplace	Pa		
Mother's Maiden Name	Josephine Gost		Mother's Birthplace	Pa		
Name of person giving Information	Miss Olivia Woodring		How related to deceased	Sister		

CAUSES OF DEATH

26

Primary *Paroxysmal Tuberculosis*
Immediate *Coughing and Hemorrhage* 3 months
How long 24 hours.

Are the name, age, sex, color, date and place correctly given above?

Q

Signature of Physician

Address

Dr. L. C. Cope
Church Hill
Md.

Accident or Suicide?

